

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) USW Works		FEC IDENTIFICATION NUMBER ▼ C C00556274	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
Full Name of Payee Weaver, Scott, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2016	
Mailing Address 439 Bella St		Amount 40.00	
City Greensburg	State PA	Zip Code 15601-1768	Transaction ID : EF0F8BBDADA1F4AFCA6 Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016
Purpose of Expenditure Reimburse expenses		Category/ Type	
Name of Federal Candidate Ayotte, Kelly, A, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 28029.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Falcon Paymasters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2016	
Mailing Address 5933 South Highway 94 Suite 204		Amount 1242.03	
City Weldon Spring	State MO	Zip Code 63304-5608	Transaction ID : E2E92DBE7CEE54272AC Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016
Purpose of Expenditure Voice Over		Category/ Type	
Name of Federal Candidate Ayotte, Kelly, A, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 28029.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1282.03	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Johnson, Stanley, , ,		Date MM / DD / YYYY 10 / 06 / 2016	
		[Electronically Filed]	